

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Darlington Amadasu
PO Box 6263
Cincinnati, OH 45206

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION

A. Signature

X

B. Received by (Printed Name)

☐ Agent
☐ Addressee
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail

- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 0860 0000 1408 8767

SAS
01-182 #92

Domestic Return Receipt

102595-02-M-0835